

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9/7/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	16	9/10/99
FORMALITY REVIEW	<i>[Signature]</i>	64477	9-17-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/25/01
2	✓	✓	1/19/02
3	✓	✓	7/31/02
4	✓	✓	1/12/02
5	✓	✓	1/12/02
6	✓	✓	1/12/02
7	✓	✓	1/12/02
8	✓	✓	1/12/02
9	✓	✓	1/12/02
10	✓	✓	1/12/02
11	✓	✓	1/12/02
12	✓	✓	1/12/02
13	✓	✓	1/12/02
14	✓	✓	1/12/02
15	✓	✓	1/12/02
16	✓	✓	1/12/02
17	✓	✓	1/12/02
18	✓	✓	1/12/02
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46	✓	✓	1/12/02
47	✓	✓	1/12/02
48	✓	✓	1/12/02
49	✓	✓	1/12/02
50	✓	✓	1/12/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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